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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR	Attorney Docket Number	MCP-284
	First Named Inventor	SZYMCZAK et al.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH POTENCY SIMETHICONE SOLID DOSAGE FORM USING SILICIFIED MICROCRYSTALLINE CELLULOSE AND MAGNESIUM ALUMINOMETASILICATE ALONE OR IN COMBINATION WITH ANOTHER THERAPEUTIC COMPOUND
(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number
 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

09963441 092001

096644-092804

DECLARATION - Utility or Design Patent Application												
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Application Number(s)</th> <th style="text-align: center; padding: 2px;">Filing Date (MM/DD/YYYY)</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>	Application Number(s)	Filing Date (MM/DD/YYYY)			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Filing Date (MM/DD/YYYY)</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> </tr> </tbody> </table>	Filing Date (MM/DD/YYYY)		<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. </div>				
Application Number(s)	Filing Date (MM/DD/YYYY)											
Filing Date (MM/DD/YYYY)												
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Application Serial No.</th> <th style="text-align: center; padding: 2px;">Filing Date</th> <th style="text-align: center; padding: 2px;">Status</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td>Patented Patented Patented</td> </tr> </tbody> </table>	Application Serial No.	Filing Date	Status			Patented Patented Patented	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Filing Date</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> </tr> </tbody> </table>	Filing Date		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Status</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> </tr> </tbody> </table>	Status	
Application Serial No.	Filing Date	Status										
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Status												
I hereby appoint: <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 → </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Practitioner(s) named below: <div style="display: flex; justify-content: space-between; width: 80%;"> <u>Name</u> <u>Registration Number</u> </div> </div>												
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.												
Address all telephone calls to Timothy E. Tracy at telephone number (732) 524-6586.												
Direct all correspondence to: <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> Customer Number or Bar Code Label </div> <div style="border: 1px solid black; padding: 0 10px; margin-right: 10px;">000027777</div> <div style="margin-right: 10px;">OR</div> <div> <input type="checkbox"/> Correspondence address below </div> </div>												
Name:												
Address:												
Address:												
City:	State:	ZIP										
Country	Telephone:	Fax:										

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Chrisotpher E.

Family Name
or Surname Szymczak

Inventor's
Signature

Date

Residence: City Marlton

State NJ

Country USA

Citizenship USA

Mailing Address 79 Colts Gait Road

City Marlton

State NJ

ZIP 08053

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) James T.

Family Name
or Surname Walter

Inventor's
Signature

Date

Residence: City Ambler

State PA

Country USA

Citizenship USA

Mailing Address 220 Hendricks Street

City Ambler

State PA

ZIP 19002

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

0966441-092801